INDIVIDUAL / AGENCY - CHANGE REQUEST FORM
for:
Name Change; Tax ID Change; Duplicate License; Clearance Letter; License Cancellation
FORM MUST BE SIGNED & DATED

Utah Insurance Department
State Office Building Room 3110
Salt Lake City, Utah 84114
Phone: 801-538-3800 Fax: 801-538-3830
Email: licensing.uid@utah.gov

IMPORTANT NOTICE: You may not use this form for adding an additional qualification or line of authority to an existing license, for adding or terminating a designee(s) to an agency license, or for reporting a change or address or telephone number. All designation changes should be done online via SIRCON at www.sircon.com/utah. Line of authority additions should be done online via SIRCON for resident licensees, or through either SIRCON or NIPR at www.nipr.com for non-resident licensees. All address and telephone number changes should be done online via SIRCON or NIPR (with the exception of resident title agency branch office changes, which should be submitted via email or fax).

Please type or print

Name of Individual or Agency_____ Utah License #_____

Social Security # or Federal Tax ID #_____

I hereby request the following (please check appropriate box):

1. ☐ CHANGE OF NAME

From _____ To _____
Individual: Enclose a copy of documentation, such as divorce decree, marriage license, drivers license, etc.
Agency: Be sure to also register the change of name with the Utah Department of Commerce.

2. ☐ CHANGE OF TAX I.D. NUMBER

From _____ To _____
Enclose a copy of government document as evidence of new tax identification number.

3. ☐ DUPLICATE LICENSE

4. ☐ LETTER OF CLEARANCE

The licensee is the only party authorized to request a cancellation of license. Include a stamped, self-addressed envelope.

I, _____, have moved from UTAH to the state of_____

Please cancel my Utah license #_____ and forward a letter of clearance to the following address:

_____

5. ☐ CANCELLATION OF LICENSE

I am returning my license for cancellation for the following reason: _____

_____

_____
Signature of Agent or Authorized Agency Officer for any of the above requests.   **Date**

Revised 02-26-08